



## Registration/Verification for Class 3B or Class 4 Laser Baseline Eye Exam

**Mail a copy of this completed form to Occupational Medicine (OM) MS D421 or Fax it to OM at 505-667-0535**

Line management must register class 3B or 4 laser personnel for a laser medical eye exam by completing this form. Laser users are personnel who perform work with a Class 3B or Class 4 laser at LANL. These individuals are ordinarily fully protected by engineering controls or administrative procedures, or both.

Operators of class 1, 2, or 3A lasers need not be registered. Personnel who occasionally enter a laser area need not be registered; they should be treated as "visitors" to the laser area and will be protected from laser energy sufficient to damage their eyes or skin by administrative controls for visitors and/or engineering controls as described in the operating procedures and/or Integrated Work Document for the operation.

☐ **Laser user is a LANL employee**

Upon receipt of this form, OM will contact the LANL employed laser operator to schedule a baseline eye exam or to determine if the operator has had an equivalent exam recently.

If the operator desires to receive (or has previously received) an equivalent eye exam from an outside ophthalmologist, they may download the required OM forms from the [Laser Safety](#) web page. The OM forms may be completed by an outside ophthalmologist or exam notes from an outside ophthalmologist will be accepted in lieu of the OM forms. If ophthalmologist exam notes are used all exam criteria listed in the OM forms must be documented. Completed forms or the ophthalmology exam results should be faxed to OM at 505-667-0535.

☐ **Laser user is a non-LANL employee**

Non-LANL employed laser users must provide evidence of a baseline eye exam **prior** to using LANL lasers. Exam notes from their employer directed or personal medical eye examiner will be accepted in lieu of the OM forms or they may have their medical eye examiner complete the OM forms. If exam notes are used all exam criteria listed in the OM forms must be documented. OM forms may be downloaded from the [Laser Safety](#) web page or from the [Occupational Medicine Forms](#) web page. Completed forms or the ophthalmology exam results should be faxed to OM at 505-667-0535.

Employee Name (print/type)	Z Number	Group	Mail Stop	Phone
Responsible Line Manager (print/type)	Signature		Date	Group/Division
Responsible Laser Safety Officer (print/type)	Signature		Date	Group/Division
Date ES&H Training Notified	Responsible OM Staff (print/type)		Signature	